1030033459

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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JAN 03 2017 S. YOUNG 16 DEC 20 PM 4: 05



COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: PRINCETON OAKS FL LL	.C
Name of Limited Liability DOCUMENT NUMBER: L03000033459	Company
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to th	e following:
Bonnie Yerry	
Name of Person	
Corporation Service Company	
Name of Firm/Company	
80 State Street	1
Address	DEC
Albany NY 12207	
City/State and Zip Code	7
byerry@cscinfo.com	
E-mail address: (to be used for future annual report notification)	05
For further information concerning this matter, please call:	

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Bonnie Yerry

Name of Person

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Area Code Daytime Telephone Number

RESIGNATION OF REGISTERED AGENT FOR A LIMITED **LIABILITY COMPANY**

Pursuant to the provisions of section	605.0115, Florida Statutes, the	undersigned,		
CORPORATION SERV	ICE COMPANY	, hereby resigns as		
Name of Regis	_	, ,,		
Registered Agent for PRINCET	ON OAKS FL LLC			
Na	me of Limited Liability Company	<u></u>	, , , , , , , , , , , , , , , , , , ,	
L03000033459				
Document Number, if known				
A copy of this resignation was mailed	d to the above listed limited lial	bility company at its last known	address.	
The agency is terminated and the offi	Gorporation Service Composition Service Composition Service Composition Signature of Regigning A	pany	ස්	filed.
If signing on behalf of an entity:	J		DES C	
Bonnie	Yerry		30 g	31.55
	Typed or Printed Name		P	+ 71.1 + 7.1
Asst. Se	cretary		÷:	85
	Capacity		05	SH
				•

\$ 85.00 \$ 25.00

FILING FEES:

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314